



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

Audits – Bay & Central Region
1515 Clay Street, Suite 1109, Oakland, CA 94612
Phone: (510) 622-2288; Fax (510) 622-2585

January 25, 2008

Santa Barbara Co. Alcohol, Drug & Mental Health Services
Ann Detrick, PhD. Director
300 North San Antonio Rd., Bldg. 3
Santa Barbara, CA 93110

Dear Dr. Detrick:

AUDIT REPORT – TELECARE CORPORATION

We have examined the Short-Doyle/Medi-Cal Cost Report and Data Collection (CR/DC) report of Telecare Corporation, a Santa Barbara County Contract Provider, for the fiscal period July 1, 2002 through June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures, as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Federal Short-Doyle/Medi-Cal Net Program Costs (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Short-Doyle/Medi-Cal Program Cost As Reported (FFP)	\$ 1,163,979
Net Short-Doyle/Medi-Cal Program Cost As Audited (FFP)	<u>1,159,207</u>
Overstatement of Net Program Cost (FFP)	<u>\$ 4,772</u>

If you disagree with any of the results of this audit, you may request an informal conference. This request must be in writing and be received by the Department of Health Services within sixty (60) calendar days following the date of receipt of the overall County Community Mental Health Services report.

Ann Detrick, PhD. Director
January 25, 2008
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Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, CA 95814 and should be in conformance with the provisions of Sections 51016 and sequence, Title 22 of the California Code of Regulations.

Sincerely,

for Shirley Castaneda
WALTER J. HILL, JR., MBA, EA
Chief of Audits

Shirley Castaneda
SHIRLEY CASTANEDA, Supervisor
Audits – Northern Region

Enclosures

CERTIFIED MAIL

SANTA BARBARA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: TELECARE INCORPORATION
LEGAL ENTITY NUMBER: 00108

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COST</u>				
FEDERAL - FFP	(Sch. 2)	\$ 1,163,979	\$ (4,772)	\$ 1,159,207
Healthy Families - FFP	(Sch. 2)	0	0	0
Total FFP		\$ <u>1,163,979</u>	\$ <u>(4,772)</u>	\$ <u>1,159,207</u>

SANTA BARBARA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: TELECARE INCORPORATION
LEGAL ENTITY NUMBER: 00108

		Audit		
		As Settled	Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)	2,262,035	(9,282)	2,252,753
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 2,262,035</u>	<u>\$ (9,282)</u>	<u>\$ 2,252,753</u>
<u>Less: Patient & Other Payor Revenues</u>				
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)	39	0	39
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 39</u>	<u>\$ 0</u>	<u>\$ 39</u>
<u>Medi-Cal Net Reimbursement for Direct Services</u>				
19. Inpatient SD/MC (Incl Children Enhanc)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanc)	(Ln 2,4 - Ln 11,13)	2,261,996	(9,282)	2,252,714
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 2,261,996</u>	<u>\$ (9,282)</u>	<u>\$ 2,252,714</u>
<u>Medi-Cal MAA Reimbursement</u>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Amount Negotiated Rates Exceed Cost</u>				
29. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
30. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Net Reimbursable Cost - FFP</u>				
36. Direct Services	(MH1979, Ln 16, 16A)	\$ 1,163,979	\$ (4,772)	\$ 1,159,207
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	0	0	0
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)	0	0	0
39. MAA	MH 1979, Ln 11, 12)	0	0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)	0	0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)	0	0	0
42. Total - FFP		<u>\$ 1,163,979</u>	<u>\$ (4,772)</u>	<u>\$ 1,159,207</u>
Contract Maximum		<u>\$ 1,636,204</u>	<u>\$ 0</u>	<u>\$ 1,636,204</u>
Lower of Net Reimbursable Cost or Contract Maximum		<u>\$ 1,163,979</u>	<u>\$ (4,772)</u>	<u>\$ 1,159,207</u>

(To Sch. I)

**SANTA BARBARA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2003**

PROVIDER NAME: TELECARE CORPORATION
PROVIDER NUMBER: 00108

**FINDING 1: ELIMINATION OF AB 2034 HOMELESS PROGRAM COSTS
FROM THE COST REPORT**

During our examination of the County's records, Audits staffs were notified by the County that Telecare Corporation had eliminated \$184,338. of AB2034 funds from its cost report as a "Medi-Cal Adjustment" on Form MH 1961. These eliminated costs of \$38,310 and \$146,022 were identified as "Member Expenses" and Housing Expenses" respectively. The contract provider could not provide any documentation stating why these costs were removed in this manner.

According to cost report instructions, all costs pertaining to the operation of the mental health program of contract providers must be reported on Line 1 of Form MH1960. Unless there are specific unallowable costs included in Line 1 of the cost report that would need to be removed, all of the costs reported on Line 1 referenced above would flow throughout the cost report for proper identification and for reimbursement purposes.

RECOMMENDATION

We recommend that Telecare Corporation closely observe the cost report instructions when preparing its year-end Medi-Cal cost report. If there is any uncertainty as to how the proper treatment of any cost report item, the provider should consult with the County for a final disposition. Inappropriate reporting of cost report items could result in fiscal adjustments in the future which could jeopardize the receipt or payment of State or federal funds.

AUDIT AUTHORITY

- Center for Medicare and Medicaid Services (CMS) Pub.15-1, Sections 2102.3 and 2304;
- California Code of Regulations, Title 9, Section 640

AUDITEE'S RESPONSE

Telecare Corporation included the above costs for Member Expenses and Member Housing on Form MH 1961 Medi-Cal Adjustments believing at the time that this was the correct method of reporting these costs, since the costs are not Medi-Cal reimbursable. We have subsequently learned that the correct place to report these costs is Form MH 1960, Mode 60. We understand that the State auditors will allow a Cost Report adjustment to transfer the costs on Form MH 1961 to Form 1961, Mode 60 so that these expenses can be accounted for correctly.

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
TELECARE CORPORATION				108	9	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	8	A	ALLOWABLE COSTS FOR ALLOCATION To include the contractors AB2034 members expenses. CMS PUB. 15-1 SEC. 2304	\$ 2,882,417	\$ 38,316	\$ 2,920,733 *
2	MH 1960	8	B	ALLOWABLE COSTS FOR ALLOCATION To include the housing expense. CMS PUB. 15-1 SEC. 2304	** \$ 2,920,733	\$ 146,022	\$ 3,066,755
3	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust reported expenses to reflect adjustment numbers 1 and 2. CMS PUB. 15-1 SEC. 2304	\$ 2,882,417	\$ 184,338	\$ 3,066,755
4	MH 1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA) To reflect distribution of adjustments number 1 through 3.	\$ 2,882,417	\$ 184,338	\$ 3,066,755
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
5	MH 1964	8	A	SUPPORT SERVICES (MODE 60) To include members expenses to proper cost center and reflect adjustment number 1. CMS PUB. 15-1 SEC. 2304	\$ 0	\$ 38,316	\$ 38,316 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
TELECARE CORPORATION				108	9	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
6	MH 1964	8	A	SUPPORT SERVICES (MODE 60) To include members expenses to proper cost center and reflect adjustment number 2. CMS PUB. 15-1 SEC. 2304	** \$ 38,316	\$ 146,022	\$ 184,338
Info.	MH 1964	3	A	OTHER 24 HOUR SERVICES (MODE 05 ALL OTHER SFC)	\$ 430,382	\$ 0	\$ 430,382
Info.	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15)	2,452,035	0	2,452,035
7	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	0	184,338	184,338
Info.	TOTAL	9	A	TOTAL	<u>\$ 2,882,417</u>	<u>\$ 184,338</u>	<u>\$ 3,066,755</u>
				To distribute audited Direct Services cost to Other 24 Hour Services, Outpatient Services, and Support Services to reflect adjustment number 1 through 6.			
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - Provider</u>			
8	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40%	311,551	30	311,581
Info.	MH 1966A	9	TOTAL	TOTAL MEDI/MEDI UNITS 51.40%	0	0	0
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	<u>311,551</u>	<u>30</u>	<u>311,581</u> *
Info.	MH 1966A	8A	Total	TOTAL MEDICAL UNITS 51.48%	893,892	0	893,892
Info.	MH 1966A	9A	Total	TOTAL MEDI/MEDI UNITS 51.48%	0	0	0
Info.	MH 1966A	8A+9A	Total	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	<u>893,892</u>	<u>0</u>	<u>893,892</u> *
				To adjust Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health Summary of Approved claims. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
TELECARE CORPORATION				108	9	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - Provider</u>			
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40%	** 311,581	0	311,581 *
Info.	MH 1966A	8A+9A	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.48%	** 893,892	0	893,892 *
Info.	MH 1966A		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	<u>1,205,473</u>	<u>0</u>	<u>1,205,473</u>
				To adjust Medi-Cal and Medi/Medi units to agree with County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			*
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40%	** 311,551	0	311,551 *
Info.	MH 1966A	8A+9A	TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.48%	** 893,892	0	893,892 *
Info.	MH 1966A		TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS	<u>7,234,483</u>	<u>0</u>	<u>7,234,483</u> *
				To adjust Medical and Medi/Medi units to the lesser of the State Department of Mental Health Summary of Approved Claims report or County records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have provided to the county. See MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
Info.	MH 1966A	8	TOTAL	TOTAL MEDICAL UNITS 51.40%	** 311,551	0	311,551
Info.	MH 1966A	9	TOTAL	TOTAL MEDICAL UNITS 51.48%	** 893,892	0	893,892
Info.	MH 1966A	8+9	TOTAL	TOTAL MEDICAL UNITS	<u>1,205,443</u>	<u>0</u>	<u>1,205,443</u>
				To identify Medi/Medi units for settlement purposes.			
Info.	MH 1978	8	F	EFFECTIVE SD/MC FFP %	51.48%	0.00%	51.48%
				To adjust the FFP Ratio to reflect adjustment number 8 and 9.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
TELECARE CORPORATION				108	9	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
9	MH1979	23	J	<p><u>ADJUSTMENTS TO REPORTED</u> <u>SHORT-DOYLE /MEDI-CAL SETTLEMENT</u></p> <p>TOTAL SD/MC REIMBURSEMENT - COUNTY PROVIDERS</p> <p>To adjust Total SD/MC Reimbursement to reflect the results of the adjustments made to costs and units of service/time.</p> <p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>	\$ 1,163,979	\$ (4,772)	\$ 1,159,207

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (10/04)

Fiscal Year 2002-2003

County: SANTA BARBARA COUNTY
 County Code: 42

Legal Entity: TELECARE CORPORATION		A	B	C
Legal Entity Number: 00108		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	1,671,148	1,504,463	3,175,611
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	1,671,148	1,504,463	3,175,611
6	Medi-Cal Adjustments from MH 1961			(108,856)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			3,066,755
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			3,066,755
19	Total Costs - Lines 9 through 18			3,066,755

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: SANTA BARBARA COUNTY
County Code: 42

Legal Entity: TELECARE CORPORATION		A	B	C
Legal Entity Number: 00108		Salaries and Benefits	Other	Total Adjustments
1	Member Expenses		(38,316)	(38,316)
2	Member Housing		(146,022)	(146,022)
3	Operating Income		(108,856)	(108,856)
4				
5	Audit Adjustments			
6	To include Member Expenses		38,316	38,316
7	To include Member Housing		146,022	146,022
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(108,856)	(108,856)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO MODES OF SERVICE
 MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2002-2003

County: SANTA BARBARA COUNTY
 County Code: 42

Legal Entity: TELECARE CORPORATION		A
Legal Entity Number: 00108		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	3,066,755
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	430,382
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	2,452,035
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	184,338
9	Total - Lines 2 through 8	3,066,755

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SANTA BARBARA COUNTY
County Code: 42

County Code: 42			CR		CR							
Legal Entity: TELECARE CORPORATION			A	B	C	D	E	F	G			
Legal Entity Number: 00108			Mode Total	Service	Service	Service	Service	Service	Service			
Mode: 05 - Other 24 Hour Services (All Other SFC)				Function	Function	Function	Function	Function	Function			
				60	90							
1	Allocation Percentage		100.00%	50.01%	49.99%							
2	Total Units			3,364	1,260							
3	Gross Cost		430,382	215,230	215,152							
4	Cost per Unit			63.98	170.76							
5	SMA per Unit											
6	Published Charge per Unit				175.00							
7	Negotiated Rate / Cost per Unit											
8												
8A	Medi-Cal Units	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
9	Medicare/Medi-Cal Crossover Units											
9A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
10	Enhanced SD/MC (Children) Units											
10A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
10B	Enhanced SD/MC (Refugees) Units											
		07/01/02 - 06/30/03										
11	Healthy Families (SED) Units											
11A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
12	Non-Medi-Cal Units			3,364	1,260							
13												
13A	Medi-Cal Costs	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
14	Medi-Cal SMA Upper Limits											
14A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
15	Medi-Cal Published Charges											
15A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
16	Medi-Cal Negotiated Rates											
16A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
17												
17A	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
18	Medicare/Medi-Cal Crossover SMA Upper Limits											
18A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
19	Medicare/Medi-Cal Crossover Published Charges											
19A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
20	Medicare/Medi-Cal Crossover Negotiated Rates											
20A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
21												
21A	Enhanced SD/MC Costs	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
22	Enhanced SD/MC SMA Upper Limits											
22A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
23	Enhanced SD/MC Published Charges											
23A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
24	Enhanced SD/MC Negotiated Rates											
24A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
25	Enhanced SD/MC (Refugees) Costs											
26	Enhanced SD/MC (Refugees) SMA Upper Limits											
27	Enhanced SD/MC (Refugees) Published Charges											
28	Enhanced SD/MC (Refugees) Negotiated Rates											
29												
29A	Healthy Families Costs	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
30	Healthy Families SMA Upper Limits											
30A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
31	Healthy Families Published Charges											
31A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
32	Healthy Families Negotiated Rates											
32A		07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
33	Non-Medi-Cal Costs		430,382	215,230	215,152							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 2
Fiscal Year 2002-2003County: SANTA BARBARA COUNTY
County Code: 42

County Code: 42			CR	CR	CR	CR	CR	CR
Legal Entity: TELECARE CORPORATION			A	B	C	D	E	F
Legal Entity Number: 00108			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)				01	10	12	31	41
1	Allocation Percentage		100.00%	2.11%	2.04%	0.11%	3.20%	66.14%
2	Total Units			39,544	29,630	1,626	46,566	962,665
3	Gross Cost		2,452,035	51,718	49,918	2,739	78,450	1,621,798
4	Cost per Unit			1.31	1.68	1.68	1.68	1.68
5	SMA per Unit			1.77	2.28	2.28	2.28	2.28
6	Published Charge per Unit			1.77	2.28	2.28	2.28	2.28
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02		6,740	8,025	379	6,892	242,213
8A		10/01/02 - 06/30/03		29,469	19,106	1,044	34,759	674,229
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/02						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units			3,335	2,499	203	4,915	46,223
13	Medi-Cal Costs	07/01/02 - 09/30/02	583,604	8,815	13,520	638	11,611	408,055
13A		10/01/02 - 06/30/03	1,669,149	38,541	32,188	1,759	58,559	1,135,871
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	789,826	11,930	18,297	864	15,714	552,246
14A		10/01/02 - 06/30/03	2,258,956	52,160	43,562	2,380	79,251	1,537,242
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	789,826	11,930	18,297	864	15,714	552,246
15A		10/01/02 - 06/30/03	2,258,956	52,160	43,562	2,380	79,251	1,537,242
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		199,282	4,362	4,210	342	8,280	77,872

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: SANTA BARBARA COUNTY
County Code: 42

			CR	CR	CR	CR		
Legal Entity: TELECARE CORPORATION			H	I	J	K	L	M
Legal Entity Number: 00108			Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)			Function	Function	Function	Function	Function	Function
			60	61	62	70		
1	Allocation Percentage		5.92%	0.14%	17.83%	1.63%		
2	Total Units		46,424	1,070	139,840	15,821		
3	Gross Cost		145,101	3,344	437,078	39,864		
4	Cost per Unit		3.13	3.13	3.13	2.52		
5	SMA per Unit		4.23	4.23	4.23	3.41		
6	Published Charge per Unit		4.23	4.23	4.23	3.41		
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02	7,620	259	32,501	3,644		
8A		10/01/02 - 06/30/03	20,125	741	93,799	10,898		
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units		18,679	70	13,540	1,279		
13	Medi-Cal Costs	07/01/02 - 09/30/02	23,817	809	101,584	9,182		
13A		10/01/02 - 06/30/03	62,902	2,316	293,174	27,460		
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	32,233	1,096	137,479	12,426		
14A		10/01/02 - 06/30/03	85,129	3,134	396,770	37,162		
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	32,233	1,096	137,479	12,426		
15A		10/01/02 - 06/30/03	85,129	3,134	396,770	37,162		
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		58,382	219	42,320	3,223		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DEPARTMENT OF MENTAL HEALTH
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Fiscal Year 2002-2003

County: SANTA BARBARA COUNTY
County Code: 42

DETAIL COST REPORT

County Code: 42		CR		CR				
Legal Entity: TELECARE CORPORATION		A	B	C	D	E	F	G
Legal Entity Number: 00108		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			40	40				
1	Allocation Percentage		100.00%	20.79%	79.21%			
2	Total Units		1	1				
3	Gross Cost	184,338	38,316	146,022				
4	Cost per Unit		38,315.99	146,021.95				
5	Non-Medi-Cal Units (Same as Line 2)		1	1				
6	Non-Medi-Cal Costs (Same as Line 3)	184,338	38,316	146,022				

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

Legal Entity: TELECARE CORPORATION
Legal Entity Number: 00108

County Code: 42			REIMBURSEMENT TYPE				PC	Costs				Costs	
Legal Entity: TELECARE CORPORATION			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00108			Mode 55			Total	Total	Mode 05-All		Mode 15	Total	Mode 15	Total
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	MAA	Inpatient Mode 05- Hospital	Other	Mode 10	Program (1)	Exclude Program (2)	Program (2)	(Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02								583,604	583,604		583,604
1A		10/01/02 - 06/30/03								1,669,149	1,669,149		1,669,149
2	Medi-Cal SMA	07/01/02 - 09/30/02								789,826	789,826		789,826
2A		10/01/02 - 06/30/03								2,258,956	2,258,956		2,258,956
3	Medi-Cal P. C.	07/01/02 - 09/30/02								789,826	789,826		789,826
3A		10/01/02 - 06/30/03								2,258,956	2,258,956		2,258,956
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								583,604	583,604		583,604
5A		10/01/02 - 06/30/03								1,669,149	1,669,149		1,669,149
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02											
6A		10/01/02 - 06/30/03											
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
7A		10/01/02 - 06/30/03											
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02											
8A		10/01/02 - 06/30/03											
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02								583,604	583,604		583,604
11A		10/01/02 - 06/30/03								1,669,149	1,669,149		1,669,149
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02											
12A		10/01/02 - 06/30/03											
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02											
13A		10/01/02 - 06/30/03											
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
14A		10/01/02 - 06/30/03											
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03											
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								583,604	583,604		583,604
21A	(Excludes Refugees)	10/01/02 - 06/30/03								1,669,149	1,669,149		1,669,149
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02											
23A		10/01/02 - 06/30/03											
24	Healthy Families SMA	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
25	Healthy Families P. C.	07/01/02 - 09/30/02											
25A		10/01/02 - 06/30/03											
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02											
27A		10/01/02 - 06/30/03											
Less: Patient and Other Payor Revenues													
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02								39	39		39
28A		10/01/02 - 06/30/03											
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02								583,565	583,565		583,565
35A		10/01/02 - 06/30/03								1,669,149	1,669,149		1,669,149
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02											
37A		10/01/02 - 06/30/03											
Amount Negotiated Rates Exceed Costs													
38	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: SANTA BARBARA COUNTY
County Code: 42

Legal Entity: TELECARE CORPORATION

Legal Entity Number: 00108		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
Mode							
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services						
4	15 - Outpatient (Program 1)	583,565	1,669,149	299,953	859,255		
5	15 - Outpatient (Program 2)						
6	Totals	583,565	1,669,149	299,953	859,255		
7	Totals from MH1979	583,565	1,669,149	299,953	859,255		
8	Effective SD/MC FFP %					51.40%	51.48%

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

FFP % Source: MH1978 E8	FFP % Source: MH1978 F8
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